

The Department of the Army

Job Opportunity Announcement

Vacancy Announcement No.: AIU301177

Opening Date: May 12, 2003

Closing Date: May 11, 2004

Position Title (Pay Plan-Series): Electronics Worker (WG-2604)

Grade: 08

Full Performance Grade: 08

Comments:

THIS IS A DELEGATED EXAMINING ANNOUNCEMENT OPEN TO ALL U.S. CITIZENS

TENURE: THIS IS A PERMANENT POSITION

FILING DEADLINE: A standing inventory of applicants will be established and maintained as a result of this vacancy announcement. **THE FIRST CUT OFF DATE FOR THIS ANNOUNCEMENT IS MAY 23, 2003.** To receive consideration for current vacancies, application packages and Supplemental Questionnaire **MUST BE POSTMARKED NO later THAN MAY 23, 2003.** Applications postmarked after May 23, 2003 will be rated and considered for future vacancies. Subsequent cut off dates for receipt of applications will be based on the date of the activity's written request for additional certification of applicants. Applications postmarked no later than the date of the activity's written request will be added to the inventory and referred for consideration.

NOTES:

(1) **CRITICAL INFORMATION REGARDING THE SUPPLEMENTAL QUESTIONNAIRE** In addition to the application requirements listed under How to Apply, YOU MUST COMPLETE AND SUBMIT A SUPPLEMENTAL QUESTIONNAIRE STATEMENT FOR THIS POSITION. **FAILURE TO SUBMIT THE SUPPLEMENTAL QUESTIONNAIRE STATEMENT WITH YOUR APPLICATION MAY RESULT IN AN INELIGIBLE RATING. YOU MAY OBTAIN A COPY OF THE SUPPLEMENTAL QUESTIONNAIRE STATEMENT FROM ANY OF THE FOLLOWING SOURCES:**

a. You may print a copy of the Supplemental Questionnaire Statement from the following website address: www.tobyhanna.army.mil and click on Employment. OR

b. You may obtain a copy of the Supplemental Questionnaire Statement from the Pennsylvania State Career Link Office. OR

c. You may CALL the Tobyhanna Army Depot Job Information Center at (570) 895-7292 to request a copy of the Supplemental Questionnaire. **THE INFORMATION PROVIDED ON YOUR SUPPLEMENTAL QUESTIONNAIRE STATEMENT MUST BE SUBSTANTIATED IN RESPECT TO EXPERIENCE CLAIMED, AND THE EDUCATION AND TRAINING YOU HAVE COMPLETED.**

(2) This vacancy announcement will be used to fill Electronics Worker vacancies located throughout Tobyhanna Army Depot. (3) Selectees will be required to complete a physical examination. (4) Incumbents may be required to wear safety clothing and equipment appropriate for the position. (5) Must be able to obtain and maintain appropriate security clearance. (6) May be required to perform temporary duty (TDY) travel to both Continental United States (CONUS) and outside CONUS (OCONUS) sites, approximately 25 percent of the time and serve as a member of an Electronics Maintenance Team. (7) Selectees who are current Career/career conditional employees will be required to serve a one-year probationary period in accordance with 5 CFR 315.801 (a)(1). (8) Current career employees selected as a result of this announcement will be changed to tenure group II (conditional) for one year, pending completion of the one-year probationary period.

Initial cut off date May 23, 2003.

Number of vacancies to be filled by this announcement
Approximately 25.

Salary: \$15.15 Per Hour

Region: Northeast

**Organization: Various Directorates throughout Tobyhanna Army Depot, Tobyhanna,
PA 18466**

Duty Station: Tobyhanna Army Depot, PA

Area of

Consideration: Opened to all applicants with or without Civil Service Status.

Duties: Works independently on routine and repetitive assignments such as maintaining, troubleshooting, testing and repairing problems in single layered printed circuit cards, and other equipment that is of limited design and functional complexity. Assists higher-grade employees in the more complex overhaul, troubleshooting, repair, installation, modification, alignment, and maintenance of communication-electronic equipment and systems. Also performs tasks such as removing and replacing defective components, modules, and assemblies that have been identified by Electronics Mechanics or automatic test equipment (ATE) as being defective. Operates automatic test equipment, which has been programmed to a type of chassis or circuit card to isolate or locate defective components. Follows detailed schematics, wiring diagrams, layout diagrams and work instructions to construct individual chassis and components of electronic equipment. May work as a member of a team, which performs, work both on the depot and while on TDY to CONUS and/or OCONUS locations.

PHYSICAL EFFORT: Work requires normal color perception, close eye-hand coordination and body movements such as sitting, kneeling, bending, climbing, standing, crawling, stooping, and lifting. Frequently lifts objects up to 40 pounds. May be required to work in cramped and strained positions inside and outside vans or shelters.

WORKING CONDITIONS: Electronics Workers may be subjected to the usual hazards associated with the electronic trade and work environments such as electrical shock; abrasions, burns; bruises; cuts; exposure to fumes, oils, greases, varying noise levels; and R.F. radiation. Workers may be required to wear protective equipment such as safety glasses, earplugs and be exposed to adverse weather conditions when working outside on shelters or van mounted systems. Selectee will be required to comply with all applicable safety directives.

Qualification Requirements:

Candidates will be evaluated on their ability to perform the duties of an Electronics Worker, rather than length of experience. Eligibility will be determined by the relevance, scope and quality of all experience, education and training, regardless of where or how acquired. Applicants will be ranked and rated based on their knowledge of the following identified job elements: SEE NOTE 1 UNDER COMMENTS SECTION FOR CRITICAL INFORMATION REGARDING THE ELEMENTS LISTED BELOW AND THE SUPPLEMENTAL QUESTIONNAIRE.

1. Ability to do the work of an Electronics Worker without more than normal supervision. (Screenout element)

2. Knowledge of electronic equipment assembly, installation, repair and alignment.
3. Electronic shop and trade practices.
4. Theory of electronics.
5. Ability to read and interpret electronic diagrams, specifications and schematics.
6. Dexterity in the use of hand and power tools for electronics assembly and disassembly.
7. Troubleshooting electronic equipment.

Selective Placement Factors/Knowledge Skills and Abilities (KSA's): None Required

Standard/Other Requirements/ Instructions on How to Apply:

1. Failure to provide all of the required information as stated in the announcement may result in an ineligible rating or may affect the overall rating.

2. Selection for this position is contingent upon proof of U.S. citizenship.

3. Direct Deposit is REQUIRED: As a condition of employment, candidates appointed, competitively promoted or reassigned are required to enroll and participate in Direct Deposit/Electronic Funds Transfer within 60 days following the effective date of that action.

4. Application/Resume deadline: Application/Resume must be postmarked by the Closing Date of the Vacancy Announcement.

THIS VACANCY ANNOUNCEMENT IS NOT COVERED UNDER RESUMIX PROCEDURES. IN ORDER TO BE CONSIDERED FOR THIS POSITION YOU MUST FOLLOW THE DIRECTIONS UNDER HOW TO APPLY AND SUBMIT THE PROPER FORMS. DO NOT CLICK ON THE RESUME BUTTON AT THE END OF THE ANNOUNCEMENT.

YOU MUST SUBMIT A SEPARATE APPLICATION AND ATTACHMENTS FOR EVERY JOB ANNOUNCEMENT YOU ARE APPLYING FOR. PLEASE MAKE SURE YOUR RESUME/APPLICATION CONTAINS THE JOB ANNOUNCEMENT NUMBER AND YOUR SOCIAL SECURITY NUMBER.

HOW TO APPLY: Submit the following documents to the address listed under Where To Submit Package:

- 1. OF-612, Optional Application for Federal Employment (this form can be found at www.opm.gov/forms/word/of612.doc, or a Resume.** The resume may be typed or legibly handwritten and must contain, at a minimum: Announcement Number; Name; Address; Social Security Number; Position Title and Grade of the job you are applying for; your paid/unpaid work experience including job title, duties and accomplishments, employers name and address, supervisors name and phone number, starting and ending dates (Month and Year), hours worked per week and grade/salary; education.
- 2. SEE NOTE 1 (UNDER THE COMMENT SECTION) REGARDING THE COMPLETION AND SUBMISSION OF THE SUPPLEMENTAL QUESTIONNAIRE.**
- 3. College Transcripts (if applicable).** If you are claiming college level education, you must provide a copy of your transcript/grade reports OR list each course title, name and address of school, classroom/quarter/semester credit hours completed, grade received for each course and the date you

completed the course. Refer to page 1 of the Supplemental Questionnaire Statement for information and documentation regarding education and training. FAILURE TO PROVIDE THE ABOVE INFORMATION MAY ADVERSELY AFFECT YOUR RATING. All documents and information pertaining to education are subject to verification.

4. Applicants claiming veterans' preference must CLEARLY do so in their resume/application.

Applicants claiming 5-point preference must include specific, detailed information in their resume/application which supports their claim for veterans' preference, e.g., actual dates of service, type of duty (active, reservist), campaign badges or medals awarded, rank at time of retirement, etc. If information needed to verify entitlement to veterans preference is not provided in the resume/application, preference will be denied. Applicants claiming 10point preference MUST submit a DD Form 214 AND supporting documentation, e.g., Letter from VA dated within one year. Failure to submit supporting documentation will result in loss of consideration for 10-point preference. If veterans preference is awarded and the applicant selected, a DD Form 214 (Member-4 copy) is required at the time of appointment to verify preference. Failure to provide the DD Form 214 at the time of appointment will result in the offer of employment being withdrawn.

NOTE FOR MILITARY SPOUSES:

Spouses of active duty military members of the Armed Forces may receive preference in hiring under this announcement if they are among the best qualified candidates referred for the position and are within reach for selection. Spouse preference eligibles must provide a copy of sponsors Permanent Change of Station (PCS) orders AND clearly state in their resume that they are requesting Military Spouse Preference in order to be considered for this preference.

SPECIAL PRIORITY CONSIDERATION UNDER THE INTERAGENCY CAREER TRANSITION ASSISTANCE PLAN (ICTAP).

If you are a displaced Department of Defense (DOD) employee, DOD has established other programs such as the Priority Placement Program (PPP), and Reemployment Priority List (RPL) for DODs displaced employees.

NOTE: Eligibility expires (a) one year after separation; (b) one year after an agency certifies that an employees compensation (OWCP) has been terminated and the individual can not be placed at the agency; (c) one year after an employees disability annuity has been terminated or after being notified that his/her annuity will be terminated; (d) when an employee accepts a position without time limitations; (e) when an employee no longer meets eligibility requirements; or (f) within a specific agency, upon declination of offer to that employee by that agency.)

To receive consideration, you must:

1. Be a current or former career or career-conditional (Tenure group I or II) competitive service employee who has been displaced.
2. Be applying for a position at or below the grade level of the position from which you have been separated. The position must not have a greater promotion potential than the position from which you were separated.
3. Have a current (or last) performance rating of record that is fully successful or better. This must be submitted with your application package.
4. Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
5. Have your application received by the closing date and meet all of the application criteria (e.g., submit all required documentation, etc).
6. Submit a copy of the appropriate documentation with your application package, such as a RIF separation notice, a letter from OPM or your agency documenting your priority consideration rights.
7. Be rated well-qualified. A well qualified employee is defined as meeting all of the minimum qualification standards and eligibility requirements as well as possessing knowledge, skills and abilities that clearly exceed the minimum qualification requirements for the position. To be rated well qualified, ICTAP applicants must attain an eligibility rating on this case examination of 80 points or higher, not including points for veterans preference.

NOTE: If you wish to be considered through this program, please mark (ICTAP) clearly on your application.

Where to Submit Package:

Please send all required application materials (TO INCLUDE THE SUPPLEMENTAL QUESTIONNAIRE) to:

**Northeast CPOC
314 Johnson Street
Attention: DEU
Aberdeen Proving Ground, MD 21005-5283**

You may fax your complete application package (TO INCLUDE THE SUPPLEMENTAL QUESTIONNAIRE) to 410-306-1284/0106 or DSN 4581284/0106, ATTN: DEU.

You may call 410-306-0031 to inquire about announcements/applications.

NOTE: (1) In order to receive consideration, your application package must contain all of the applicable information/documents listed in this announcement. Applications received through the use of postage paid government envelopes are in violation of 18 USC 1719 and will not be considered. (2) CRITICAL INFORMATION REGARDING THE SUPPLEMENTAL QUESTIONNAIRE In addition to the application requirements listed under How to Apply, YOU MUST COMPLETE AND SUBMIT A SUPPLEMENTAL QUESTIONNAIRE STATEMENT FOR THIS POSITION. FAILURE TO SUBMIT THE SUPPLEMENTAL QUESTIONNAIRE STATEMENT WITH YOUR APPLICATION MAY RESULT IN AN INELIGIBLE RATING. YOU MAY OBTAIN A COPY OF THE SUPPLEMENTAL QUESTIONNAIRE STATEMENT FROM ANY OF THE FOLLOWING SOURCES:

- a. You may print a copy of the Supplemental Questionnaire Statement from the following website address: www.tobyhanna.army.mil and click on Employment. OR**
- b. You may obtain a copy of the Supplemental Questionnaire Statement from the Pennsylvania State Career Link Office. OR**
- c. You may CALL the Tobyhanna Army Depot Job Information Center at (570) 895-7292 to request a copy of the Supplemental Questionnaire. THE INFORMATION PROVIDED ON YOUR SUPPLEMENTAL QUESTIONNAIRE STATEMENT MUST BE SUBSTANTIATED IN RESPECT TO EXPERIENCE CLAIMED, AND THE EDUCATION AND TRAINING YOU HAVE COMPLETED.**

If you would like to be considered, then you are required to submit all necessary materials applicable to this vacancy announcement.

THE DEPARTMENT OF THE ARMY IS AN EQUAL OPPORTUNITY EMPLOYER.

Applicants will receive appropriate consideration without regard to non-merit factors such as race, color, religion, sex, national origin, marital status, sexual orientation except where specifically authorized by law, age, politics or disability which do not relate to successful performance of the duties of this position. Otherwise qualified applicants with disabilities who need reasonable accommodation may notify the agency Point of Contact on this announcement of their need.

SELECTION FOR THIS POSITION IS SUBJECT TO RESTRICTIONS RESULTING FROM DEPARTMENT OF DEFENSE REFERRAL SYSTEM FOR DISPLACED EMPLOYEES.

SUPPLEMENTAL QUESTIONNAIRE
ELECTRONICS WORKER, WG-2604-08

NOTE: Previous editions of this Supplemental Questionnaire are **Obsolete** and should not be submitted in conjunction with this vacancy announcement.

INSTRUCTIONS – READ CAREFULLY

The information requested on this questionnaire is needed to accurately evaluate your experience, training and education for the Electronics Worker, WG-2604-08 position. Complete all pages of this questionnaire (to include this cover sheet and Elements 1 through 7). The information and responses you provide on this form will be used to determine your eligibility and relative standing for Electronics Worker, WG-2604-08 vacancies. In order to ensure that you receive appropriate credit for your experience, education and training, your Name and Social Security Number will be used to identify this questionnaire (and any continuation sheets that you may submit) with your basic application/resume for Federal employment. **IF YOU FAIL TO COMPLETE THIS QUESTIONNAIRE OR FAIL TO PROVIDE ALL OF THE INFORMATION REQUESTED ON EACH ELEMENT THIS MAY AFFECT YOUR OVERALL RATING AND RELATIVE STANDING FOR THE ELECTRONIC WORKER VACANCIES.**

Name (Last, First, Middle):

Date of Birth:

Social Security Number:

Vacancy Announcement Number: AIU301177

Information Regarding Education and Training: Provide the information requested below as it applies to your individual education/training background. Be sure to submit the documents requested below if you are claiming formal education.

_____ I have successfully completed an Associates Degree (or a higher degree) in Electronics Technology or Bio-Medical Electronic Technology or other closely related field of study. **Provide the following information:**

Name of School/Institution: _____

Type of Degree (specify Associates degree, Bachelor's degree, etc.):

_____ ; and

Major Field of Study: _____

Date degree was granted: _____

_____ I have attached a copy of my college transcript or grade reports that list (individual courses, dates of completion for each course, grade for each course and the **date of graduation** or other documents that provide the same type of information).

_____ I have completed the following training courses pertaining to the Electronics field:

<u>Course Title</u>	<u>Date of Completion</u>	<u>Length of Training</u> <u>(Hours/Weeks, etc.)</u>	<u>Employer/Activity</u> <u>Sponsoring Training</u>
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(If you need additional room, you may attach a standard piece of bond paper, 8.5 x 11-inch and continue your information. All continuation sheets must contain your name, address and the item(s) you are continuing.)

NOTE: A false statement to any question on this Supplemental Questionnaire may be grounds for not employing you or for dismissing you after you begin work. All statements/information are subject to corroboration with your Application for Federal employment and security investigation. I certify that all statements and information provided on this Supplemental Questionnaire are true, complete and correct to the best of my knowledge and belief and are made in good faith.

Signature

Date

Name (Last, First Middle) Please print : _____

SSN: _____

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**ELEMENT NO. 1 – ABILITY TO DO THE WORK OF ELECTRONICS WORKER
WITHOUT MORE THAN NORMAL SUPERVISION (SCREEN OUT ELEMENT)**

Indicate your overall ability to perform the duties of an Electronics Worker by checking the item below that best describes your overall knowledge, experience, training and education. **Review and consider your selections, responses and examples to Element Questions 2 through 7 before making your selection.**

_____ Experience, education and training reflect overall skill and knowledge pertaining to the assembly, installation, repair, troubleshooting and alignment of electronic equipment. to include knowledge of the construction, layout, circuit principles (such as stabilization, modulation, solid state circuitry), the ability to read, interpret and apply schematics, drawings, diagrams and technical manuals and the operation and application of computerized automatic test equipment, oscilloscopes, signal/pulse generators and other tools to complete this work.

_____ Experience, education and training reflect overall skill and knowledge pertaining to the assembly, testing, troubleshooting and repair of electronic subassemblies, printed circuit boards and chassis using schematics, diagrams/drawings, automatic testing equipment and other hand and power tools to identify, remove, replace and repair electronic equipment and components.

_____ Experience reflects skill in following simple diagrams, drawings or other instructions to disassemble, clean, identify and/or remove subassemblies, chassis and components, identifying damaged or loose solder/mechanical connections, cracked, bent or burned components, contacts and resistors using tools common to this type and level of work

Name (Last, First Middle) Please print : _____

SSN: _____

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ELEMENT NO. 2 - KNOWLEDGE OF ELECTRONIC EQUIPMENT ASSEMBLY, INSTALLATION, REPAIR AND ALIGNMENT.

Indicate your experience by **checking the applicable block(s) below AND circling the equipment or tasks related to your experience.** You must **ALSO** provide examples of the duties you performed relative to each item you circle. **Provide the Employer's Name and Dates (Month/Year to Month/Year) of Employment for each item. If you fail to provide this information, you may not receive credit for this element.** If you need additional space for your responses/examples, employer's name and dates of employment, you may attach a separate sheet of bond paper (8.5 x 11-inch standard bond paper) and continue your response. All continuation sheets must contain your name, address and the specific Element Number(s) that you are addressing.

_____ Experience, education and/or training provided knowledge of the assembly, installation, repair and/or realignment of Medical Equipment, such as Electrocardiograms (EKG), Defibrillators and/or pacemakers, Telemetry devices, dialysis machine, Electro surgical Units (ESU), Infusion pumps/machines and/or ventilators. **Circle the equipment for which you have experience, provide an example(s) of the tasks you performed pertaining to the assembly, installation, repair and/or realignment of this equipment. Provide the Employer's Name and Dates (Month/Year to Month/Year) of Employment.**

_____ Experience, education and/or training provided knowledge of the assembly, installation, repair and/or realignment of Line Amplifiers, Master Antenna Systems, Cathode Ray Tube Display Units of Radar Systems, Color TV Cameras or Receivers, Communication Transmitters or receivers. **Circle the equipment for which you have experience, provide an example(s) of the tasks you performed pertaining to the assembly, installation, repair and/or realignment of this equipment. Provide the Employer's Name and Dates (Month/Year to Month/Year) of Employment.**

_____ Experience, education and/or training included experience using pre-programmed Computerized Test Equipment to diagnose malfunctions of complete electronic systems and/or major subsystems. **Give an example of the pre-programmed testing equipment you have used to identify and diagnose defective components. Identify the equipment you worked on and the procedures/processes you used to repair the equipment. Provide the Employer's Name and Dates (Month/Year to Month/Year) of Employment.**

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**ELEMENT NO. 2 (CONTINUED) - KNOWLEDGE OF ELECTRONIC EQUIPMENT
ASSEMBLY, INSTALLATION, REPAIR AND ALIGNMENT.**

_____ Experience, education and/or training include the use of test adapters, cabling hook-ups and/or manually responding to computer printed instructions. **Circle the equipment/tasks for which you have experience. Provide an example(s) of the tasks you performed pertaining to this equipment and/or how you responded to automated instructions. Provide the Employer's Name and Dates (Month/Year to Month/Year) of Employment.**

_____ Experience, training and/or education included the use of pre-programmed automatic test equipment to test individual chassis or printed circuit boards and/or have removed and replaced defective parts. **Give an example of the pre-programmed testing equipment you have used to identify and diagnose defective components, identify the equipment you worked on and the procedures/processes you used to repair the equipment. Provide the Employer's Name and Dates (Month/Year to Month/Year) of Employment.**

_____ Experience includes the removal and/or replacement of defective components/parts. **Give an example of the equipment you were working on, how you identified the defective components or parts (visually or through use of testing equipment) and the steps taken to repair the equipment (or replace the components). Provide the Employer's Name and Dates (Month/Year to Month/Year) of Employment.**

_____ Experience includes identifying and removing subassemblies from racks, removing and segregating chassis and/or circuit boards according to type; makes visual checks for damage such as loose solder connections, cracked, or bent components, identifies burned or pitted contacts and/or removal of damaged components. **Circle the tasks that pertain to your experience. Give examples of the duties you performed for each task you identified. Provide the Employer's Name and Dates (Month/Year to Month/Year) of Employment.**

Name (Last, First, Middle) Please print: _____

Social Security Number: _____

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ELEMENT NO. 3 - ELECTRONIC SHOP AND TRADE PRACTICES:

Indicate your experience by **checking the applicable block(s) below AND circling the equipment or tasks related to your experience.** You must **ALSO** provide examples of the duties you performed relative to each item you checked and circled. **Provide the Employer's name and Dates (Month/Year to Month/Year) of Employment for each item/task you identified. If you fail to provide this information, you may not receive credit for this element.** If you need additional space for your responses/examples, employers name and dates of employment, you may attach a separate sheet of bond paper (8.5 x 11- inch standard bond paper) and continue your response. All continuation sheets must contain your name, address and the specific Element Number(s) that you are addressing.

_____ Experience/training includes responsibility for the layout, set-up, test and repair operations for equipment such as X-ray units, sterilizers, laboratory, dental and surgical equipment, TV sets, hi-fidelity sets, communication transmitters and receivers. **Circle the equipment/tasks that apply to your experience, provide an example(s) of the tasks you've performed and the Employer's Name and Dates (Month/Year to Month/Year) of Employment.**

_____ Experience/training includes using standardized procedures and techniques to assemble, check and repair printed circuit boards, chassis and small subassemblies. Selects test instruments and appropriate settings for test instruments; determines if readings and waveforms match written procedures or manuals and alternative action if readings do not concur with expected results. **Circle the equipment/tasks that apply to your experience, provide an Example(s) of the tasks you've performed and the Employer's Name and Dates (Month/Year to Month/Year) of Employment:**

_____ Selects/determines proper test procedure(s) for printed circuit boards, sets-up automatic test equipment (ATE), interprets ATE reading and makes necessary repairs. **Circle the equipment/tasks that apply to your experience, provide an Example(s) of the tasks you've performed and the Employer's Name and Dates (Month/Year to Month/Year) of Employment:**

_____ Experience includes making visual checks of electrical conductors, using standard testing devices such as a voltmeter, checking for burned or pitted contacts when troubleshooting or making repairs to home appliances, electrical outlets and/or automobiles. **Circle the tasks that apply to your experience, provide an Example(s) of the tasks you've performed, standard testing devices utilized and the Employer's Name and Dates (Month/Year to Month/Year) of Employment:**

Name (Last, First, Middle) Please print: _____

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ELEMENT NO. 4 – THEORY OF ELECTRONICS

Indicate your experience, knowledge, education and training by **checking the applicable block(s) below AND circling the equipment and/or tasks related to your experience. You must ALSO provide examples of the duties you performed relative to each item you checked and circled.** Provide the Name of the Employer and Dates of Employment (Month/Year to Month/Year) for the experience/tasks you indicate. **If you fail to provide this information, you may not receive credit for this element.** If you need additional space for your responses/examples, employer's name and dates of employment, you may attach a separate sheet of bond paper (8.5 x 11-inch standard bond paper) and continue your response. All continuation sheets must contain your name, address and the specific Element Number(s) that you are addressing. If you have formal education or training that enhanced your theoretical knowledge of the Electronics field, you must provide the information specified on page one of the Supplemental Questionnaire.

_____ Experience, training and/or education included responsibility for locating and repairing malfunctions in a variety of electronic equipment such as high fidelity sound systems/equipment, public address systems, communication receivers and/or transmitters, amplifiers, patient simulators, electro-surgical analyzers, etc., that required knowledge of electronic theory pertaining to oscillators, multi-meters, circuit stabilization, modulation, solid state circuitry and simple antennas. **Circle the equipment/tasks that apply to your experience, training and education. Provide examples of the tasks/work you've performed to identify and repair malfunctions. Provide the Employer's Name and Dates (Month/Year to Month/Year) of Employment for the work you describe.**

_____ Experience, training and/or education include responsibility for the assembly and repair of biomedical equipment or subassemblies and chassis such as audio amplifiers, power supplies, etc., that required knowledge of electrical/electronic theory such as electromagnetism, alternating current, inductance and capacitance, series and parallel tuned circuits and transistors, etc. **Circle the equipment, tasks and knowledge that apply to your experience, training and education. Provide examples of the tasks/work you've performed and the Employer's Name and Dates (Month/Year to Month/Year) of Employment:**

_____ Experience includes checking continuity of cables, installing wiring in racks or bays, small appliance repair or automotive electrical wiring that required knowledge of Ohm's law, current flow, insulators and units of electricity. **Circle the equipment/tasks that apply to your experience, training and education. Provide examples of the tasks/work you've performed and the Employer's Name and Dates (Month/Year to Month/Year) of Employment:**

Name (Last, First, Middle) Please print: _____

Social Security Number: _____

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ELEMENT NO. 5 – ABILITY TO READ AND INTERPRET ELECTRONIC DIAGRAMS, SPECIFICATIONS AND SCHEMATICS

Indicate your experience, education and/or training by **checking the applicable blocks below AND circling the equipment and/or tasks related to your experience. You must ALSO provide examples of the duties you performed relative to each item you checked and circled. Provide the Employer's Name and Dates of Employment (Month/Year to Month/Year) for the experience/tasks you indicate. If you fail to provide this information, you may not receive credit for this element.** If you need additional space for your responses/examples, employer's name and dates of employment, you may attach a separate sheet of bond paper (8.5 x 11-inch standard bond paper) and continue your response. All continuation sheets must contain your name, address and the specific Element Number(s) that you are addressing.

_____ Experience includes using drawings and schematics for electronic equipment such as biomedical equipment (defibrillators, pacemakers and/or dialysis machines), multi-channel communication transmitters, color TV receivers, etc., to determine proper operation of multiple circuit's, locate proper test points to take readings of circuit operations and troubleshoot circuits. **Circle the tasks and equipment that apply to your experience, training and education. Provide examples of the work you performed for each equipment item and task you circled above. Provide the Employer's Name and Dates (Month/Year to Month/Year) of Employment.**

_____ Experience includes interpreting schematics and diagrams for electronic chassis or printed circuit cards to locate defective components specified in instructions/procedures. **Circle the tasks that apply to your experience, training and education. Provide examples of the tasks/work you've performed for each item/tasks you circled and the Employer's Name and Dates (Month/Year to Month/Year) of Employment.**

_____ Experience includes interpreting and following instructions or specifications that indicate precise steps and procedures to be followed for the assembly of electronic chassis or operation of programmed automatic test equipment. **Circle the tasks that apply to your experience, training and education. Provide examples of the instructions/specifications you followed, the source of the instructions and identify the programmed automatic test equipment you used. Provide the Employer's Name and Dates (Month/Year to Month/Year) of Employment.**

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Social Security Number: _____

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ELEMENT NO. 5 (CONTINUED)– ABILITY TO READ AND INTERPRET ELECTRONIC DIAGRAM, SPECIFICATIONS AND SCHEMATICS

_____ Experience includes following diagrams and drawings associated with a specific work request or order such as defining the position of circuit components or connections to be made to install a wiring harness. Experience, training and/or education has provided knowledge of electronic schematic symbols used to identify the type and value of components. **Circle the tasks that apply to your experience, training and education. Provide examples of the diagrams, drawings and/or sketches you were provided, the equipment associated with these drawings/diagrams and the tasks/work you were assigned. Provide the Employer's Name and Dates (Month/Year to Month/Year) of Employment.**

Name (Last, First, Middle) Please print: _____

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ELEMENT NO. 6 – DEXTERITY IN THE USE OF HAND AND POWER TOOLS FOR ELECTRONICS ASSEMBLY AND DISASSEMBLY

Indicate your experience by **checking the applicable blocks below AND circling the hand and power tools/equipment that you have used in electronic assembly and disassembly. You must ALSO provide examples of the duties you performed relative to each item you checked and circled, provide the Employer's Name and Dates of Employment (Month/Year to Month/Year) for the experience/tasks you indicate. If you fail to provide this information, you may not receive credit for this element.** If you need additional space for your responses/examples, employer's name and dates of employment, you may attach a separate sheet of bond paper (8.5 x 11-inch standard bond paper) and continue your response. All continuation sheets must contain your name, address and the specific Element Number(s) that you are addressing.

_____ Experience includes using micro-miniature soldering consoles, miniature drills, probes and/or soldering irons to repair electronic equipment. **Circle the equipment/tools that you have used. Provide work examples for each item you circled (how you utilized the equipment/tool and for what purpose). Also, provide the Employer's Name and your Dates (Month/Year to Month/Year) of Employment.**

_____ Experience includes using soldering irons, wire strippers, chassis punches, hand drills, drill presses and/or torque wrenches to repair, assemble and/or disassemble electronic equipment/components. **Circle the equipment/tools that you have used. Provide work examples for each item you circled (how you utilized the equipment/tool and for what purpose). Also, provide the Employer's Name and your Dates (Month/Year to Month/Year) of Employment.**

_____ Experience includes using screwdrivers, wrenches, pliers, wire brushes, files, hand drills, wire strippers, and/or soldering irons to repair, assemble and/or disassemble electronic equipment. **Circle the equipment/tools that you have used. Provide work examples for each item you circled (how you utilized the equipment/tool and for what purpose). Also, provide the Employer's Name and your Dates (Month/Year to Month/Year) of Employment.**

Name (Last, First, Middle) Please print: _____

Social Security Number: _____

Announcement No.: AIU301177

ELEMENT NO. 7 – TROUBLESHOOTING ELECTRONIC EQUIPMENT

Indicate your experience by **checking the applicable blocks below AND circling your experience pertaining to troubleshooting electronics equipment. You must ALSO provide examples of the tasks/duties you performed relative to each item you checked and circled, Provide the Name of the Employer and Dates of Employment (Month/Year to Month/Year). **If you fail to provide this information, you may not receive credit for this element.** If you need additional space for your responses/examples, employer's name and dates of employment, you may attach a separate sheet of bond paper (8.5 x 11-inch standard bond paper) and continue your response. All continuation sheets must contain your name, address and the specific Element Number(s) that you are addressing.**

_____ Experience, training and education include diagnosing problems and determining corrective action for complete items of self-contained and functionally independent electronic equipment or biomedical equipment. **Circle the tasks that apply to your experience. Provide an example (describe the specific equipment, problem encountered and steps taken to correct/resolve the problem). Provide the Employer's Name and Dates (Month/Year to Month/Year) of Employment.**

_____ Experience, training and/or education include diagnosing problems in electronic subassemblies, printed circuit cards and chassis'. **Circle the tasks that apply to your experience. Provide an example (describe the specific equipment, problem encountered and steps taken to correct/resolve the problem). Provide the Employer's Name and Dates (Month/Year to Month/Year) of Employment.**

_____ Experience includes identifying defects such as bent or cracked chassis and/or control panels, broken knobs and dials, burned resistors and pitted cable connector pins. **Circle the tasks that apply to your experience. Provide an example (describe the specific equipment, problem/defect encountered and identified) for each of the above items you circled. Provide the Employer's Name and Dates (Month/Year to Month/Year) of Employment.**
